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Cognitive-Affective Disintegration in Women with Complex Developmental Trauma

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A B S T R A C T

Objective: This study aimed to explore the lived experience of cognitive-affective disintegration in women with a history of complex developmental trauma.

Methods and Materials: A qualitative design was employed using a phenomenological approach to capture the subjective experiences of trauma-exposed women. Seventeen adult female participants residing in Hungary were recruited through purposive sampling. Inclusion criteria included a self-reported history of complex developmental trauma and current psychological stability. Data were collected through in-depth semi-structured interviews, each lasting between 60 and 90 minutes. Interviews were transcribed verbatim and analyzed using thematic analysis with the support of NVivo 14 software. The coding process continued until theoretical saturation was achieved.

Findings: Three overarching themes emerged: (1) Fragmentation of self-experience, including subthemes such as dissociative disconnects, identity diffusion, and impaired reflective functioning; (2) Dysregulation of emotion and affect, characterized by emotional flooding, shutdown, chronic shame, and somatization of affect; and (3) Interpersonal and relational disruption, which encompassed relational hypervigilance, attachment ambivalence, and conflict avoidance. Participants described a pervasive sense of internal disconnection between thoughts, feelings, and bodily sensations, as well as incoherent self-narratives and unstable relationship patterns. Alexithymia appeared as a central mechanism linking early trauma to cognitive-affective fragmentation. Findings aligned with prior literature on trauma, dissociation, and emotional dysregulation, highlighting the enduring impact of developmental trauma on emotional processing and self-coherence.

Conclusion: The findings underscore the need for trauma-informed therapeutic interventions that target alexithymia, emotion regulation, and narrative integration to restore cognitive-affective coherence and relational stability in trauma survivors.

Keywords: *Complex developmental trauma; cognitive-affective disintegration; alexithymia; emotional dysregulation*

1. Introduction

Complex developmental trauma, characterized by sustained exposure to interpersonal trauma during early developmental periods—such as emotional abuse, neglect, or chronic caregiving disruptions—has profound and enduring effects on the cognitive, emotional, and relational systems of survivors. Unlike single-incident trauma, complex trauma interferes with the normative integration of self, emotion, and cognition, leading to lasting psychological fragmentation, a phenomenon increasingly referred to as cognitive-affective disintegration. Recent findings suggest that this disintegration is particularly severe in women, who often experience earlier, more prolonged, and more relationally-rooted trauma compared to men (Anagnostopoulou et al., 2024; Çoban & Farajİ, 2025; Zahra & Ahmad, 2025).

A central mechanism implicated in these enduring effects is alexithymia, a multidimensional construct involving difficulties in identifying, describing, and regulating emotions. Alexithymia has been repeatedly associated with childhood trauma across diverse populations, including psychiatric inpatients, substance users, adolescents, and trauma-exposed women (Adamowicz et al., 2024; Akpinar, 2024; Karaca-Dinç et al., 2021; Rahmati et al., 2024). It is posited that early relational trauma impairs the child's capacity for emotional labeling and mentalization, thereby preventing the maturation of integrated emotional-cognitive processing systems. Research suggests that this impairment may become deeply entrenched and lead to affective dysregulation, dissociative defenses, and fragmented identity structures in adulthood (Ghogare et al., 2021; Wang, 2024; Zdankiewicz-Ścigała & Ścigała, 2020).

Women with complex developmental trauma often report high levels of dissociation, emotional flooding, and disorganized relational behaviors. These phenomena point to a broader breakdown of affect regulation and cognitive integration, including temporal disorientation, incoherent self-narratives, emotional dissonance, and relational instability (Signorelli et al., 2020; Simeon & Abugel, 2023; Zorzella et al., 2020). Such disintegration not only underlies various clinical symptoms (e.g., PTSD, borderline personality traits, complex grief), but also contributes to interpersonal dysfunction, increased risk of revictimization, and poorer treatment outcomes (Mullet et al., 2021; Sleeuwen et al., 2023; Zahmatkesh, 2022).

Recent studies have revealed that the mediating role of alexithymia between early trauma and psychological distress is not simply correlative but may represent a key developmental trajectory through which trauma alters cognitive-affective functioning (Akpinar & Demir, 2022; Çoban & Farajİ, 2025; Rahmati et al., 2024). For example, Rahmati et al. (2024) found that alexithymia significantly mediated the relationship between childhood trauma and internet addiction in adolescents, suggesting that difficulties in emotional processing can extend into maladaptive behavioral regulation (Rahmati et al., 2024). Similarly, studies among patients with bipolar disorder and substance use disorders have highlighted how trauma-related alexithymia is associated with sensory-processing disturbances and impulsivity (Aghaeimazraji et al., 2024; Ghogare et al., 2022). These findings suggest that the cognitive-affective disruptions rooted in early trauma may manifest across diverse symptom domains.

In trauma-exposed women, emotional processing difficulties are often compounded by gendered experiences of socialization, relational dependency, and exposure to intimate partner violence (IPV). As Zusta and Çevik (2024) emphasized, alexithymia was significantly higher among women who experienced both IPV and childhood trauma, compared to those with IPV alone (zusta & evik, 2024). In another study, Saadi et al. (2022) found that women survivors of IPV who had histories of both trauma and brain injury exhibited significantly higher levels of neurobehavioral symptoms, including cognitive fog, attentional problems, and affective instability (Saadi et al., 2022). The convergence of interpersonal trauma and emotional dysregulation has clear implications for cognitive-affective coherence.

Further supporting this pathway, Zhang et al. (2020) reported that psychological capital partially mediated the relationship between childhood trauma and alexithymia in medical students, suggesting that some resilience factors may modulate the impact of early trauma on emotional development (Zhang et al., 2020). However, this modulation appears to be weaker in women with chronic trauma exposure, especially when trauma occurred during critical windows of identity formation and attachment development (Anagnostopoulou et al., 2024; Cooper et al., 2024).

Another critical aspect of cognitive-affective disintegration is the phenomenon of dissociation. Dissociative symptoms—such as emotional numbing, depersonalization, and memory discontinuities—are common among individuals with high levels of trauma-related alexithymia (Morie et al., 2020; Sleeuwen et al., 2023). A recent neuropsychological study of trauma-

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exposed police officers showed that higher alexithymia scores were significantly correlated with disruptions in emotion-processing circuits and attentional disengagement from affective stimuli (Sleeuwen et al., 2023). These findings support a growing view that alexithymia may not merely represent a "lack" of emotional awareness, but a protective, neurologically-mediated adaptation to overwhelming affect.

Importantly, these patterns of disintegration are not limited to clinical populations. In a large sample of university students, Akpinar (2024) found strong associations between childhood trauma and emotional dysregulation, mediated by alexithymia. The relationship persisted even after controlling for demographic variables and current psychological distress (Akpinar, 2024). This suggests that trauma-related disruptions to emotion-cognition systems may be widespread, persistent, and under-recognized—especially in high-functioning individuals who have learned to mask or suppress emotional difficulties.

Moreover, research highlights how specific types of childhood maltreatment—such as emotional neglect and psychological abuse—have stronger associations with alexithymia than others, such as physical abuse or sexual violence (Adamowicz et al., 2024; Sharma et al., 2024). Emotional invalidation during critical developmental periods may impair symbolic representation of affect and disrupt interoceptive awareness, leading to a fragmented emotional lexicon in adulthood. In turn, this can hinder memory integration, narrative construction, and the sense of a cohesive self.

From a developmental lens, the interaction between attachment insecurity and emotional neglect appears central to understanding the formation of alexithymic traits. Kahya and Uluç (2023) demonstrated that insecure maternal attachment was linked to higher postpartum alexithymia in Turkish women, mediated by unresolved childhood trauma (Kahya & Uluç, 2023). Similar findings have been replicated across Western and non-Western populations, suggesting that the impact of early relational trauma on emotional functioning is a transdiagnostic and cross-cultural phenomenon (Quam et al., 2024; Sharma et al., 2024).

The psychological consequences of such disintegration are broad. In one longitudinal study, Zorzella et al. (2020) found that trauma therapy was less effective in individuals with high alexithymia, who showed smaller gains in reducing PTSD symptoms and interpersonal difficulties (Zorzella et al., 2020). This underscores the importance of addressing emotional processing deficits as a core therapeutic target, rather than as an ancillary issue.

Given the accumulating evidence, there is a pressing need for qualitative research that captures the lived experience of cognitive-affective disintegration in trauma-exposed women. While quantitative models have illuminated the mediating and moderating effects of alexithymia and trauma type, they often fail to account for the richness, fragmentation, and paradoxes of subjective experience. For instance, women may articulate feeling "emotionally empty" while simultaneously overwhelmed by bodily affect; or they may struggle to verbalize emotion yet display deep relational sensitivity. These apparent contradictions can only be understood through in-depth, phenomenological engagement with survivor narratives.

This study seeks to address this gap by exploring how women with complex developmental trauma experience disruptions in emotional awareness, cognitive coherence, and self-narrative.

2. Methods and Materials

2.1. Study design and Participant

This study employed a qualitative research design using a phenomenological approach to explore the lived experiences of cognitive-affective disintegration among women with complex developmental trauma. The phenomenological method was chosen to capture the depth and nuances of participants' subjective experiences and internal processes. Purposeful sampling was used to recruit participants who met specific inclusion criteria: (1) self-identified women over the age of 18, (2) residing in Hungary, (3) with a self-reported history of complex developmental trauma, and (4) currently not in acute psychiatric crisis. Participants were recruited through trauma-informed therapy centers, online support forums, and mental health advocacy organizations across Hungary.

A total of 17 participants were interviewed, with data collection concluding upon reaching theoretical saturation—the point at which no new conceptual insights emerged from the interviews. The sample included women between the ages of 23 and 54 (M = 36.4), with diverse socio-economic backgrounds and trauma histories, including emotional neglect, chronic childhood abuse, and persistent attachment disruptions.

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2.2. *Measures*

Data were collected through semi-structured in-depth interviews, allowing for both consistency across participants and flexibility to explore emerging themes. An interview guide was developed based on existing literature on complex trauma and affective-cognitive functioning, covering areas such as emotional regulation, thought fragmentation, relational functioning, dissociative episodes, and narrative coherence. Each interview lasted between 60 and 90 minutes and was conducted in a private setting either in-person or via secure video conferencing, depending on participant preference and location.

All interviews were conducted in Hungarian, audio-recorded with participant consent, and subsequently transcribed verbatim. Identifying information was removed to ensure confidentiality, and pseudonyms were assigned to all participants in the reporting of results.

2.3. *Data Analysis*

Data analysis followed the thematic analysis framework as outlined by Braun and Clarke, incorporating both inductive and deductive coding strategies. Transcripts were imported into NVivo 14 qualitative analysis software to facilitate systematic coding, data organization, and theme development. The initial coding phase involved line-by-line open coding to identify salient segments related to cognitive-affective disintegration. These initial codes were then grouped into broader categories and axial codes based on conceptual similarities and psychological meaning.

The research team engaged in reflexive memoing and peer debriefing throughout the analytic process to enhance credibility and minimize subjective bias. Emergent themes were refined iteratively in relation to the data and relevant theoretical constructs from trauma psychology. Final themes were validated through member-checking with a subset of participants to ensure accuracy and resonance with their lived experiences.

3. Findings and Results

The study sample consisted of 17 women residing in Hungary, ranging in age from 23 to 54 years (M = 36.4). The majority of participants (n = 12) identified as having experienced multiple forms of childhood trauma, including emotional neglect, physical abuse, and inconsistent caregiving. Regarding educational background, 9 participants held a university degree, 5 had completed secondary education, and 3 had vocational training. In terms of employment status, 8 participants were employed full-time, 4 part-time, 3 were unemployed, and 2 were on medical or psychological leave. Marital status varied, with 6 participants being single, 5 married, 3 divorced, and 3 in long-term cohabiting relationships. Notably, 11 participants reported receiving a formal psychiatric diagnosis in adulthood, most commonly complex PTSD, dissociative disorders, or major depressive disorder. All participants reported having engaged in some form of trauma-focused therapy in the past five years.

Table 1

Themes, Subthemes, and Concepts from Thematic Analysis

Category (Theme)	Subcategory (Subtheme)	Concepts (Open Codes)
1. Fragmentation of Self-Experience	1.1 Dissociative Disconnects	*Feeling detached from body*, *blackouts*, *memory gaps*, *floating sensation*, *emotional numbing*
	1.2 Shattered Self-Image	*Self-loathing*, *identity confusion*, *body shame*, *feeling like a stranger*, *inner critic*
	1.3 Temporal Disruption	*Losing sense of time*, *past feels like present*, *disorientation*, *time loops*, *age regression*
	1.4 Emotional–Cognitive Splitting	*Mind says one thing, emotions say another*, *difficulty integrating logic and feeling*, *mental "voids"*
	1.5 Inconsistent Internal Narratives	*Contradictory memories*, *difficulty retelling life story*, *missing life periods*, *discontinuous self*
	1.6 Impaired Reflective Functioning	*Lack of insight*, *difficulty identifying thoughts*, *mental shutdowns*, *avoidance of introspection*
	1.7 Identity Diffusion	*Blurred roles*, *confusion in values*, *lack of stable preferences*, *social mirroring*, *fragmented roles*
2. Dysregulation of Emotion and Affect	2.1 Emotional Flooding	*Sudden overwhelm*, *tears without warning*, *rage bursts*, *panic spirals*
	2.2 Emotional Shutdown	*Flat affect*, *can't cry*, *frozen emotions*, *numbness*, *disconnect from emotional content*

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	2.3 Chronic Shame and Guilt	*Feeling defective*, *rumination on past*, *internalized blame*, *fear of judgment*, *toxic guilt*
	2.4 Emotional Instability	*Mood swings*, *hyper-sensitivity*, *difficulty calming down*, *emotional confusion*
	2.5 Emotional Avoidance	*Suppressing anger*, *distraction behaviors*, *fear of feeling*, *emotional suppression*, *self-silencing*
	2.6 Somaticization of Affect	*Headaches*, *stomach pain with emotions*, *tight chest*, *emotions as physical sensations*
3. Interpersonal and Relational Disruption	3.1 Distrust and Hypervigilance	*Scanning for danger*, *difficulty trusting others*, *reading too much into cues*, *relational paranoia*
	3.2 Attachment Ambivalence	*Fear of closeness*, *craving connection but withdrawing*, *pushing people away*, *clinginess then retreat*
	3.3 Boundary Instability	*Inability to say no*, *feeling invaded*, *over-disclosure*, *self-sacrifice*, *unclear limits*
	3.4 Relational Self-Fragmentation	*Acting differently with each person*, *performing roles*, *not knowing who to be*, *masking true self*
	3.5 Conflict Avoidance and Submission	*Agreeing to avoid arguments*, *freezing in conflict*, *self-erasure*, *passivity*, *people-pleasing*

Theme 1: Fragmentation of Self-Experience

Dissociative Disconnects. Participants frequently reported experiencing dissociative symptoms characterized by sudden disconnection from bodily awareness and the environment. This included memory gaps, out-of-body sensations, and emotional numbing. One participant described it as: *"Sometimes I look in the mirror and don't know who's staring back. It's like I'm not really there."* Another stated: *"I have moments when I completely zone out, and it's like a part of me just leaves."*

Shattered Self-Image. The women's narratives revealed a fragmented sense of identity marked by persistent self-loathing and body-based shame. Many struggled with a distorted self-concept rooted in childhood neglect or abuse. *"I see myself as broken, unfixable,"* one participant said. Another added: *"I hate my body. It holds all the memories. I feel like it betrayed me."*

Temporal Disruption. A recurrent experience among participants was the disruption of time perception. Past traumatic events often felt immediate and present, leading to confusion about time continuity. *"I don't know how to explain it—some memories feel like they happened this morning, even though they're from twenty years ago,"* a participant explained.

Emotional–Cognitive Splitting. Several women reported an inability to integrate thought and emotion, resulting in cognitive-emotional dissonance. This led to states where they could rationally understand a situation yet remain emotionally dysregulated. One participant reflected: *"My mind tells me I'm safe, but my body is screaming that I'm in danger."*

Inconsistent Internal Narratives. Participants struggled to construct coherent personal narratives. They described having fragmented autobiographical memories and contradictory interpretations of life events. *"I can't tell my story from start to finish. There are pieces missing… or parts I remember differently every time,"* said one respondent.

Impaired Reflective Functioning. Many women displayed difficulty engaging in introspection or making sense of internal states. Mental shutdowns were common during periods of emotional overload. *"When I start thinking too much about how I feel, I go blank,"* one woman shared.

Identity Diffusion. Finally, a sense of identity diffusion was pervasive, with participants reporting unstable roles, fluctuating values, and inconsistent preferences. *"I mirror whoever I'm with. I don't know who I really am unless I'm alone,"* one participant noted.

Theme 2: Dysregulation of Emotion and Affect

Emotional Flooding. Participants frequently experienced overwhelming emotional episodes that were intense and difficult to regulate. These floods often emerged unpredictably. *"It's like a tsunami. One moment I'm fine, and then suddenly I'm crying and can't stop,"* one participant recounted.

Emotional Shutdown. In contrast, some women described the opposite phenomenon—complete emotional blunting or numbness. *"I can't even cry anymore. I feel like I've turned to stone,"* shared one participant. This was often reported as a coping mechanism developed during childhood.

Chronic Shame and Guilt. Pervasive feelings of unworthiness and self-blame dominated participants' emotional worlds. Shame was deeply internalized, often linked to early relational trauma. *"I always feel like everything is my fault, even when it's not,"* said one woman. Another added: *"There's this constant voice inside telling me I'm not good enough."*

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Emotional Instability. Rapid shifts in emotional state were commonly reported, with participants describing mood swings and hypersensitivity to minor triggers. *"I can go from calm to panic in a second, and I don't even know why,"* one respondent explained.

Emotional Avoidance. Several participants described habitual avoidance of emotional experiences, including suppression of anger and fear of expressing vulnerability. *"I distract myself constantly so I don't have to feel anything,"* one woman admitted. Others expressed a tendency to silence their emotions to maintain peace.

Somaticization of Affect. Many women experienced their emotions physically, reporting headaches, stomach issues, or chest tightness during emotional episodes. *"When I get upset, my whole body aches. My emotions live in my stomach,"* one participant reflected.

Theme 3: Interpersonal and Relational Disruption

Distrust and Hypervigilance. A heightened sense of interpersonal threat was evident across many narratives. Participants often felt on edge in relationships, scanning for danger. *"I'm always waiting for the other shoe to drop,"* said one. *"Even kindness makes me suspicious,"* noted another.

Attachment Ambivalence. Conflicted desires for closeness and fear of intimacy characterized participants' relational styles. They oscillated between emotional dependency and withdrawal. *"I want to be close, but the moment someone gets too close, I shut down or push them away,"* one participant revealed.

Boundary Instability. Many women described difficulty establishing and maintaining personal boundaries. This included over-disclosure, submission to others' needs, and difficulty asserting themselves. *"I don't know how to say no. I let people take over my space,"* a participant noted.

Relational Self-Fragmentation. Participants reported inconsistencies in how they presented themselves to others, often adopting roles based on perceived expectations. *"With each person I'm a different version of me. It's exhausting,"* one woman explained. Another added: *"I wear masks to survive social situations."*

Conflict Avoidance and Submission. Avoiding confrontation, even at personal cost, was a dominant pattern. Many women described silencing themselves in relationships to prevent emotional threat. *"I'd rather agree and disappear inside than risk a fight,"* one participant said. This pattern reinforced feelings of invisibility and self-erasure.

4. Discussion and Conclusion

This study explored the phenomenological dimensions of cognitive-affective disintegration in women with complex developmental trauma. The findings revealed three interrelated yet distinct thematic categories: (1) fragmentation of self-experience, (2) dysregulation of emotion and affect, and (3) interpersonal and relational disruption. These themes capture the pervasive and multi-layered impact of early relational trauma on the integrity of cognitive, emotional, and interpersonal functioning. Participants described experiences of dissociation, emotional flooding and numbing, disrupted self-narratives, attachment ambivalence, and chronic shame—all suggesting the breakdown of the integrated cognitive-affective architecture of the self. These findings align with and deepen existing quantitative and neuropsychological literature on trauma, alexithymia, and affective-cognitive dysregulation.

The first major theme, fragmentation of self-experience, reflects the profound disruptions to identity, temporal continuity, and reflective functioning found in trauma-exposed individuals. This is consistent with previous work showing that early trauma can lead to dissociative tendencies, memory discontinuities, and incoherent self-concepts (Simeon & Abugel, 2023; Zorzella et al., 2020). The phenomenon of dissociative disconnects reported by participants—such as feeling "outside the body" or experiencing blackouts—is supported by findings in trauma literature where dissociation is conceptualized as a defensive response to overwhelming stress that cannot be cognitively integrated (Sleeuwen et al., 2023). Moreover, inconsistencies in autobiographical memory and identity diffusion mirror findings from studies on trauma-related alexithymia, where difficulty in naming and interpreting emotional experience contributes to fragmented narrative processing and underdeveloped self-coherence (Ghogare et al., 2022; Zdankiewicz-Ścigała & Ścigała, 2020).

In particular, the participants' descriptions of emotional–cognitive splitting—such as feeling fear but "knowing" there is no real threat—echo findings that trauma survivors often experience a disjunction between logical reasoning and somatic-emotional reactions (Morie et al., 2020). This aligns with neurobiological models suggesting that traumatic stress disrupts communication between limbic and prefrontal regions, impairing cognitive regulation of affect (Quam et al., 2024). The participants' difficulties in reflective functioning and narrative continuity parallel findings from studies linking childhood maltreatment to impaired mentalization and emotional awareness (Anagnostopoulou et al., 2024; Karaca-Dinç et al., 2021).

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The second theme, dysregulation of emotion and affect, was perhaps the most pervasive. Participants oscillated between emotional flooding and emotional shutdown—phenomena long recognized in trauma-affected populations (Signorelli et al., 2020; Zahmatkesh, 2022). Emotional flooding, described as uncontrollable surges of affect (e.g., panic, rage, shame), reflects dysregulation in both bottom-up affective processing and top-down inhibitory control (Cooper et al., 2024; Wang, 2024). Conversely, emotional shutdown and numbness reflect trauma-related overregulation, where affective input is inhibited to prevent overwhelm (Adamowicz et al., 2024). These polar emotional responses support the idea that trauma-exposed individuals often alternate between hyper- and hypo-arousal states, as seen in complex PTSD and dissociative disorders.

Chronic shame and guilt were also common emotional experiences among participants. These self-conscious emotions—frequently internalized in individuals exposed to invalidating or abusive caregiving environments—have been linked to enduring patterns of emotional avoidance and identity erosion (Sharma et al., 2024; Zahra & Ahmad, 2025). Prior studies indicate that individuals with high alexithymia often experience intense shame but lack the cognitive-emotional vocabulary to articulate or process it adaptively (Akpinar & Demir, 2022; Ghogare et al., 2021). Moreover, emotional avoidance, reported by many participants, is a known mediator in the link between childhood trauma and affective disorders, serving as a temporary coping strategy that eventually undermines emotional resilience and relational intimacy (Akpinar, 2024; Zhang et al., 2020).

Additionally, several participants described somaticization of affect—experiencing emotional states as physical symptoms (e.g., chest tightness, stomach pain). This aligns with findings that trauma-related alexithymia is associated with greater somatic symptom reporting and health care utilization, often without a clear organic cause (Adamowicz et al., 2024; Çoban & Farajİ, 2025). These bodily symptoms may reflect non-symbolized emotional distress that becomes "encoded" in the body due to insufficient emotional processing during development.

The third theme, interpersonal and relational disruption, reflected the relational consequences of internal fragmentation. Participants described pervasive distrust, relational hypervigilance, and attachment ambivalence. These relational styles are consistent with models of disorganized attachment and trauma-induced hyperactivation of interpersonal threat systems (Kahya & Uluç, 2023; Saadi et al., 2022). The coexistence of longing for closeness and fear of intimacy is well-documented in individuals with complex trauma histories, often manifesting in relational push-pull dynamics (Mullet et al., 2021; zusta & evik, 2024).

A notable subtheme was relational self-fragmentation—participants reported "acting like different people" across relationships and situations. This performance-based self-construction may reflect a survival strategy developed in unpredictable caregiving environments, where attunement to others' emotional states was prioritized over authentic self-expression. It also aligns with findings that high alexithymia is linked with masking behaviors and impaired emotional reciprocity (Anagnostopoulou et al., 2024; Cooper et al., 2024).

Furthermore, conflict avoidance and submission were common relational patterns. Participants reported silencing themselves or complying with others' demands to avoid interpersonal rupture, a pattern also seen in individuals who internalize trauma-based beliefs about worthlessness and relational fragility (Signorelli et al., 2020; Simeon & Abugel, 2023). Prior research supports that unresolved trauma often leads to people-pleasing, boundary violations, and inability to assert personal needs—all strategies aimed at minimizing relational threat (Akpinar & Demir, 2022; Karaca-Dinç et al., 2021).

Together, these findings support a developmental-trauma-informed model of cognitive-affective disintegration in women, in which early emotional invalidation and attachment trauma disrupt the integration of emotional, cognitive, and interpersonal systems. They also highlight the central mediating role of alexithymia, which emerges as both a defensive adaptation and a developmental deficit. The cumulative effect of these impairments is a compromised sense of self, persistent emotional pain, and unstable relational functioning.

5. Limitations and Suggestions

Despite the richness of the qualitative data, this study is not without limitations. The sample size, though adequate for in-depth thematic analysis, was relatively small and geographically limited to Hungarian women, which may limit the generalizability of the findings. The reliance on retrospective self-reporting may have introduced recall bias, particularly given the dissociative features described by many participants. Moreover, while the study captured a range of trauma experiences, it did not stratify findings by

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trauma type, severity, or developmental timing. Finally, while NVivo software enhanced analytic rigor, thematic coding remains inherently interpretive and shaped by the researchers' subjectivities.

Future studies should consider comparative qualitative research across different cultural, linguistic, and socioeconomic contexts to explore how cognitive-affective disintegration manifests in diverse populations. Additionally, longitudinal designs could investigate how the identified themes evolve over time or change through trauma-informed therapeutic interventions. It would also be beneficial to explore the intersection of gender, trauma, and alexithymia in greater depth—especially how societal expectations may compound emotional suppression in women. Finally, integrating neurobiological data with qualitative reports may offer a more holistic understanding of trauma-related disintegration processes.

Practitioners working with trauma-exposed women should assess for signs of cognitive-affective disintegration, including dissociation, identity diffusion, and emotional-cognitive splitting. Therapeutic approaches should prioritize emotional literacy, interoceptive awareness, and narrative coherence. Interventions such as trauma-informed mindfulness, emotion-focused therapy, and somatic experiencing may be particularly useful. Building a safe relational space where clients can begin to verbalize and make sense of fragmented experiences is essential. Finally, therapists must remain attuned to clients' relational patterns, particularly tendencies toward submission, masking, or withdrawal, which may obscure deeper needs for connection and integration.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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